

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36775

STATE FILE NUMBER

FILED OCT 21 1957		Registration District No. 251		Primary Registration District No. 5867		Registrator's No. 286	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sheridan rural Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. CITY OR TOWN Hopkihus Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in Car Length of stay in lb				d. STREET ADDRESS (If outside, give location) Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First Floyd Middle E. Last McDaniel				4. DATE OF DEATH Month 10 Day 10 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug 22 1911	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (City and state or country) Sidney, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Everett McDaniel				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 457 10 5741		17. INFORMANT Address Mrs Wahneeta McDaniel, Hopkins, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain concussion severe Fractured skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fractured cervical spine							INTERVAL BETWEEN ONSET AND DEATH ?
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) automobile accident					
20c. TIME OF INJURY Hour 11 39 a. m. 10 Month 11 Day 1957		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> highway					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION near Sheridan Mo Nodaway Mo.		20g. COUNTY Nodaway		20h. STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 430 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) B. R. Byland M.D.				22b. ADDRESS Maryville MO		22c. DATE SIGNED 10/11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/13/1957		23c. NAME OF CEMETERY OR CREMATORY Woodbine Cemetery		23d. LOCATION (City, town, or county) (State) Woodbine, Iowa	
24. FUNERAL DIRECTOR C. M. Mitchell		25. DATE RECD. BY LOCAL REG. 10 14 57		26. REGISTRAR'S SIGNATURE Bess Bolt			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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OCT 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *G M Atchison*

Licensed Embalmer No. *33*

P. O. Address *Marysville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.